

PATENT APPLICATION SERIAL NO. 10/518774

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

01/03/2005 LLANDGRA 00000031 10518774

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP
04 FC:1615	50.00 OP

Adjustment date: 05/18/2005 CBURT1  
01/03/2005 LLANDGRA 00000031 10518774  
02 FC:1632 -500.00 OP

05/18/2005 CBURT1 00000001 10518774

01 FC:1642	400.00 OP
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Repln. Ref: 05/18/2005 CBURT1 0016142500  
DAH:021818 Name/Number:10518774  
FC: 9204 \$100.00 CR

PTO-1556

(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>5.17.05</u>		2 Serial/Patent # <u>10/518774</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED <u>6.17.05</u>	6 AMOUNT \$ <u>100.00</u>
<input checked="" type="checkbox"/>	Filing																						
<input type="checkbox"/>	Amendment																						
<input type="checkbox"/>	Extension of Time																						
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<input type="checkbox"/>	Maintenance																						
<input type="checkbox"/>	Assignment																						
<input type="checkbox"/>	Other																						
7 TOTAL AMOUNT OF REFUND \$ <u>100.00</u>		8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 2px;">             Treasury Check              Credit Deposit A/C #: <u>02--1818</u> </div>																					
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):																							
11 REFUND REQUESTED BY: <u>C. Burt</u> TYPED/PRINTED NAME: <u>C. Burt</u> TITLE: <u>Paralegal</u> SIGNATURE: <u>[Signature]</u> PHONE: <u>308-9140x207</u> OFFICE: <u>PC</u>																							
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*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*